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| <b><i>Index of Claims</i></b><br><br> | <b>Application/Control No.</b><br><br>10594664 | <b>Applicant(s)/Patent Under Reexamination</b><br><br>ALCOUFFE, NICOLE |
|  | <b>Examiner</b><br><br>Don N Vo                | <b>Art Unit</b><br><br>2611  |

|   |                 |   |                   |   |                     |   |                 |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | <b>Rejected</b> | - | <b>Cancelled</b>  | N | <b>Non-Elected</b>  | A | <b>Appeal</b>   |
| = | <b>Allowed</b>  | ÷ | <b>Restricted</b> | I | <b>Interference</b> | O | <b>Objected</b> |

| <input checked="" type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> |          |            |            | <input type="checkbox"/> <b>CPA</b> |  | <input type="checkbox"/> <b>T.D.</b> |  | <input type="checkbox"/> <b>R.1.47</b> |  |
|--|----------|------------|------------|-------------------------------------|--|--------------------------------------|--|--|--|
| CLAIM  |          | DATE       |            |                                     |  |                                      |  |  |  |
| Final  | Original | 06/02/2009 | 11/02/2009 |                                     |  |                                      |  |  |  |
|  | 1        | =          | =          |                                     |  |                                      |  |  |  |
|  | 2        | =          | =          |                                     |  |                                      |  |  |  |
|  | 3        | =          | =          |                                     |  |                                      |  |  |  |
|  | 4        | =          | =          |                                     |  |                                      |  |  |  |
|  | 5        | =          | =          |                                     |  |                                      |  |  |  |
|  | 6        | =          | =          |                                     |  |                                      |  |  |  |
|  | 7        | =          | =          |                                     |  |                                      |  |  |  |
|  | 8        | =          | =          |                                     |  |                                      |  |  |  |
|  | 9        | =          | =          |                                     |  |                                      |  |  |  |